



SOLAR ENERGY WORKSHEET

Application No. _____

Please complete the section below clearly, legibly and in ink. Attach a plot plan.

PROJECT ADDRESS, CITY AND ZIP							
BLDG TYPE	<input type="checkbox"/> DWELLING / DUPLEX	<input type="checkbox"/> COMMERCIAL			SCOPE OF CONSTRUCTION	<input type="checkbox"/> NEW	
	<input type="checkbox"/> APARTMENT / CONDO	<input type="checkbox"/> MIXED-USE	<input type="checkbox"/> DETACHED GARAGE			<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ALTERATION / REPAIR
DESCRIPTION OF WORK							
Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$				Revised Valuation: \$			
				<input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED. Double the permit fee will be charged for legalization.			
Flat Roof		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Arrays		Amp Service	
Battery Back up		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Branch Circuits		HP Transformer	
Roof Mounted		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Size of Water Storage Tank		(HP = KW or KVA)	
Photovoltaic		<input type="checkbox"/> Yes	<input type="checkbox"/> No			KW (Kilowatts)	
APN NO.	TRACT NO.	LOT	HIGH FIRE HAZARD ZONE	Y <input type="checkbox"/> N <input type="checkbox"/>	ZONE USE 1	NAICS	OCCUPANCY
							THE EDITION OF THE CODE
Check one for the primary contact	<input type="checkbox"/> APPLICANT'S NAME		MAILING ADDRESS			BUS. PHONE NO.	
	<input type="checkbox"/> PROPERTY OWNER'S NAME		MAILING ADDRESS			PHONE NO.	
	E-MAIL ADDRESS						
	<input type="checkbox"/> LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:					LICENSE NO.	
	NAME:						
MAILING ADDRESS:			PHONE NO.			LICENSE NO.	
E-MAIL ADDRESS							

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	MAILING ADDRESS	PHONE NO.
E-MAIL ADDRESS		
LICENSE CLASS AND NUMBER		CONTRACTOR SIGNATURE

STAFF USE ONLY BELOW THIS LINE

STAFF COMMENTS, (INITIALS)

OK TO SUBMIT/EXPRESS BY:		SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	P.C. FEE
PRINT							Y N
Check only if applicable	<input type="checkbox"/> FIRE	SIGNATURE	DATE	AGENCY	SIGNATURE	DATE	ENERGY
	<input type="checkbox"/> B & S ELECTRIC	SIGNATURE	DATE	AGENCY	SIGNATURE	DATE	Y N
	<input type="checkbox"/> G.W.P. ELECTRIC	SIGNATURE	DATE	AGENCY	SIGNATURE	DATE	CAL GREEN
BLDG. PLAN CHECK		SIGNATURE	DATE	AGENCY	SIGNATURE	DATE	Y N
PRINT							MAX. 6
OK TO ISSUE PERMIT BY:		SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	SUPP. P.C. FEE
PRINT							Y N
							PERMIT FEE
							Y N

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO THE PROPERTY OWNER OR LICENSED GENERAL CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE PERMIT APPLICATION AS AGENT FOR THE OWNER OR CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION.

SOLAR ENERGY WORKSHEET

Job Address: _____

Permit Number: _____

INSPECTION RECORD

ITEM	INSPECTOR	DATE
FRAMING		
ROUGH WIRING		
FINAL ELECTRIC		
FINAL BUILDING		

PLOT PLAN

NOTE: Locate all structures on the lot. Make bottom of page the street frontage